

Division of Public and Behavioral Health  
Substance Abuse Prevention and Treatment Agency (SAPTA)  
Advisory Board (SAB)

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**MINUTES**

<b>DATE:</b>	December 10, 2014	<b>VIDEOCONFERENCE:</b>
<b>TIME:</b>	9:30 a.m.	College of Southern Nevada
<b>LOCATION:</b>	Truckee Meadows Community College	Cheyenne Campus
	Redfield Campus	3200 E. Cheyenne Avenue, Room 2638
	18600 Wedge Parkway	Las Vegas, NV
	HTC Room 102	Elko County School District
	Reno, Nevada	1092 Burn Road – Conference Room
		Elko, Nevada

**BOARD MEMBERS PRESENT**

Steven Burt (Chair)	Ridge House
Michelle Berry (Vice Chair)	CASAT
Michelle Watkins	Central Lyon Youth Connection
Ester Quilici	Vitality Unlimited
David Robeck	Bridge Counseling Associates
Jamie Ross	PACT Coalition
Frank Parenti	HELP of Southern Nevada
Jennifer Snyder	Join Together Northern Nevada
Mark Disselkoen	CASAT
Ed Sampson	Frontier Community Coalition

**BOARD MEMBERS ABSENT**

Tammra Pearce	Bristlecone Family Resources
Debra Reed	Las Vegas Indian Center
Diaz Dixon	Step 2
Kevin Morss	WestCare
Ronald Lawrence	Community Counseling Center

**OTHERS PRESENT**

Denise Everett	Quest Counseling and Consulting
Lana Robards	New Frontier Treatment Center
Michael Corti	Nevada Community Prevention Coalition
Debra Ridenour	New Frontier Treatment Center
Agata Gawronski	Board of Examiners
Cheryl Bricker	Partnership of Community Resources
Kay Valardo	Community Counseling Center

**SAPTA STAFF**

Kevin Quint	Bureau Chief
Justin Reynolds	Health Program Specialist II
George Goodwin	Health Program Specialist I
Betsy Fedor	Health Program Specialist I
Sheri Haggerty	Health Program Specialist I
Kendra Furlong	Health Program Specialist I
Carol Schaye	Health Program Specialist I
Chuck Bailey	Health Program Specialist II
Sara Weaver	Administrative Assistant IV

1. Welcome and introductions:

Steven Burt opened the meeting at 9:30 a.m. Mr. Burt noted there was a quorum present.

2. Public comment:

None.

3. Approval of minutes of the October 22, 2014, meeting:

Several technical changes were noted. Ester Quilici moved that the minutes be approved following revision of the minutes. Michelle Berry seconded the motion.

4. Standing informational items:

Kevin Quint stated SAPTA is continuing the provider transition from Nevada Information Provider Performance System (NHIPPS) to Avatar. Chuck Bailey provided an update on NHIPPS issues. Mr. Bailey indicated that NHIPPS has prevention and treatment issues that need to be supported. There is now an "Electronic Health Record Team" comprised of Sheri Haggerty and George Goodwin; Ms. Haggerty and Mr. Goodwin are striving to bring the Avatar system to providers. Mr. Bailey indicated there is a staff shortage that is affecting support for NHIPPS. Mr. Bailey indicated SAPTA is training another staffer to help with provider NHIPPS helpdesk calls. In addition to changes in SAPTA, Mr. Bailey stated there were also changes in Fiscal staff.

Mr. Bailey also provided an update on hardware related to NHIPPS. There is a move to transition to new hardware; however, there are some issues of which to be aware. The URLs providers use will be changing because there is a different naming convention. Mr. Bailey indicated he has not released the updated URLs, but he will do so once the system is ready to be accessed using those. Providers will receive an email indicating the system is being shut down so that NHIPPS can be moved to updated hardware. Mr. Bailey indicated that there should be changes to NHIPPS support sometime in January 2015. Mr. Bailey reiterated that the SAPTA Program is severely understaffed given the continued NHIPPS issues and the roll out of Avatar.

Kendra Furlong provided an update on Avatar. Ms. Furlong indicated that she and Ms. Haggerty have been working the last two weeks to get Quest Counseling and Consulting on the Avatar system. Mr. Furlong and Ms. Haggerty provided weeklong training specific to billing. The goal is to run Quest's first bills within the next few weeks. Ms. Furlong indicated that everything has been successful to date with Quest on the Avatar system. Ms. Furlong indicated that she would be transitioning back to her treatment role while Ms. Haggerty will be assisting with technical issues pertaining to Quest's move to Avatar. Ms. Furlong indicated there would be future communications regarding provider go-live dates.

Mr. Quint stated that, with the rollout of Avatar, there have been many "moving targets" primarily because of the enormity of the project. So far, the Quest implementation has been successful. Mr. Quint indicated there are two providers, New Frontier and Ridge House, awaiting Avatar implementation.

There was discussion that the rollout of Avatar had been difficult for providers. Ms. Robards indicated that New Frontier had grant funding tied to the rollout of Avatar. She stated she would be pleased when the Avatar rollout is complete.

Justin Reynolds provided an update on the provider toolkit. Mr. Reynolds indicated that there are plans to implement the provider toolkit with several providers. Mr. Reynolds acknowledged that working with the Managed Care Organizations (MCOs) is daunting for providers. Ms. Robards stated that New Frontier does

not work with MCOs; however, she has heard that an MCO, specifically Amerigroup, is advising clients that New Frontier has to accept Medicaid for residential treatment. Mr. Reynolds indicated he would contact Amerigroup to clarify the matter. Ms. Robards requested that Mr. Reynolds relay to Amerigroup that because of the IMD [Institutions for Mental Disease] rule, New Frontier cannot accept Medicaid. Mr. Burt indicated that his staff has had difficulty with the MCOs specifically pertaining to enrollment.

Mr. Quint provided an update regarding SAPTA and Division staff. Mr. Quint stated that there has been significant turnover in fiscal staff. To remedy the situation, SAPTA hired James Kirkpatrick. Mr. Kirkpatrick's background includes a comprehensive understanding of fiscal and business process matters. In addition, SAPTA has hired Sara Weaver as the SAPTA Office Manager. Mr. Quint stated that SAPTA has undergone 68% employee turnover in the past year.

Mr. Quint addressed Requests for Reimbursements (RFRs). SAPTA has had turnover in this area as well. However, Mr. Kirkpatrick has joined SAPTA and he is working to resolve any RFR issues. The RFR system is going along as best it can; however, Mr. Quint indicated he has asked staff to analyze our system. There are too many people involved in the system and our process. Currently, RFRs require seven signatures prior to payment. That process is inefficient. SAPTA wants to streamline the process. In addition, Mr. Quint asked that providers submit RFRs correctly; incorrectly submitted RFRs only adds to the turnaround time for paying providers.

Currently, the rollout of Avatar and issues with MCOs and Medicaid are SAPTA's highest priority, so many staff are working on that priority. Mr. Quint addressed SAPTA's reorganization and integration. At this time, the SAPTA budget is being combined with the Mental Health, Ryan White/HIV, and Suicide Prevention budgets. The integration of these programs will bring more efficiencies and economies of scale. There will be three areas addressed by the integration: grant writing, planning, and policies including those for prevention and treatment. In addition, the integration will enable us to create better business processes. The Division's goal is to have the reorganization/integration complete by January 2016.

Mr. Burt requested, in reference to the integration, that the Mental Health grant be disseminated to those in the community who are dealing with drug and alcohol issues. By doing so, there would be savings to the State. Mr. Quint agreed that this was a good idea. The block grant is due in January and Mr. Quint will be involved in that process, so he will involve SAPTA's community partners in the process. With the Affordable Care Act (ACA), Mr. Quint's understanding is that the funds would go to private providers, but that has not happened. It was noted that funding for Children's Cabinet toward psychosis and planning initiatives. Mr. Quint noted that where the funding goes is something that interested parties need to discuss.

Mr. Quint indicated that SAPTA was visited by CSAT in December 2014 prior to the Advisory Board meeting. Their focus was on program administration, clinical, and fiscal. Today, CSAT staff is visiting Step 2, and they will be visiting Northern Nevada Hopes tomorrow. They will be visiting Adelson Clinic and the Southern Nevada Health District in Las Vegas on Friday this week. SAPTA was very transparent with the staff of CSAT and they were appreciative of that. CSAT focused on: performance-based funding; SAPTA internal systems; staff-to-staff development; fulfilling requirements of block grants; 45 CFR [Code of Federal Regulations] Section L; maintenance of effort; management of block grants; creating an historical bridge and institutional knowledge through policy development; creating accountability for funded providers; and collection of data that leads to outcomes. Mr. Reynolds indicated it is incumbent on providers to advise SAPTA staff what is happening in their communities. Several providers indicated they are providing feedback but no action has been taken.

Mr. Quint indicated that SAPTA is trying to determine what "the payment of last resort" actually means. CSAT will help us understand the meaning of this phrase. CSAT challenged us to fund more on needs and gaps while attaching outcomes to those issues. CSAT staff also indicated that some states use ASI

[Addiction Screening Instruments] as outcome measures. SAPTA needs to demonstrate outcomes and CSAT agreed.

Mark Disselkoen indicated that providers are collecting this data currently. The problem is how that data are disseminated from the provider to SAPTA so decisions can be made. The information is there, the data are being collected. The transfer and analysis is the next step. Mr. Disselkoen indicated the data are there and it is in line with National Outcome Measures. It is not that the data are not being collected although some providers could be doing a better job collecting data. Although we do not want to overcomplicate the issue, the data are there and the collection, transfer, and analysis are not as complicated as it may seem.

Mr. Quint addressed the Requests for Applications (RFA). We are delaying the issue of RFAs until SAPTA has completed its needs assessment. The data will give SAPTA the opportunity to understand the needs by region, county, priority populations, etc. This will allow SAPTA to write the RFA more precisely. SAPTA has traditionally had a grant-driven system. We have traditionally obtained grants and have funded providers based solely on grants we have been awarded. That process must stop. Mr. Quint was not issuing a threat, but funding for providers must be based on data and outcomes. Mr. Quint urged providers to move in this direction. This will ultimately benefit our clients and our communities. There was a suggestion that the Board needs to revisit reimbursement rates. The prevention RFA has been delayed for one year and the Coalitions have agreed to this; however, the treatment RFA is still under revision. The treatment RFA should be finalized in the fall of 2015. Mr. Quint indicated that Coalitions should proceed with their community-wide RFAs.

On the treatment side, SAPTA will be performing a needs assessment and this will give providers direction on their RFAs. We want to present providers opportunities. Mr. Parenti asked when the treatment RFA would be available. Mr. Quint stated the treatment RFA would be available possibly in January or February 2015.

Mr. Quint addressed the upcoming 2015 Legislative Session. Bill Draft Request (BDR) 40-329 revises provisions governing the adoption of administrative regulations for the certification of detoxification technicians, facilities, and programs. Specifically, this is an act “relating to substance abuse; transferring the authority to adopt certain regulations relating to certification of detoxification technicians, facilities, and programs from the Division of Public and Behavioral Health of the Department of Health and Human Services to the State Board of Health; and providing other matters properly relating thereto.” Mr. Quint indicated this is an elaborate way of stating that rather than Administrator Richard Whitley approving regulations, the State Board of Health will have the final approval of regulations. The act not only pertains to detoxification technicians but it pertains to any regulations emanating from the Division of Public and Behavioral Health. In addition, Health Care Quality and Compliance (HCQC) submitted a BDR that is similar to Senate Bill (SB) 501 of the 2013 Legislative Session. This bill would require all residential facilities to be licensed by HCQC. During the 2013 Legislative Session, the Division killed SB 501 because it became so convoluted. It was noted there are private unfunded facilities that are required to be licensed by HCQC. Halfway houses are another example; they are not funded, but they are licensed by HCQC.

Regarding SAPTA’s budget, Mr. Quint relayed that Administrator Whitley supports the SAPTA budget. In the legislative process, there may be cuts, but Mr. Quint advised providers to closely watch legislative process since hearings will begin January and throughout the Session. Mr. Parenti asked if there would be any increases in SAPTA’s budget. Mr. Quint replied that there would be no increase in SAPTA’s budget.

Mr. Quint addressed Proposed Amendments to NAC 458. Ms. Weaver is working through the process and has arranged public hearings regarding the Proposed Amendments.

Mr. Quint stated that SAPTA’s top priorities are Avatar and MCO issues.

There was an inquiry as to whether the State was holding free grant workshops. Mr. Burt indicated that Ms. Berry stated the State would be holding grant-writing courses and he advised attendees to contact Ms. Berry for additional information.

Ms. Berry reported that she brought handouts that include the upcoming CASAT training that is available. Mr. Disselkoen reminded certified treatment providers that part of the CASAT contract is to provide technical assistance; CASAT has the ability to provide technical assistance via webinar, which is quick and efficient. CASAT can provide technical assistance in many areas (e.g., treatment planning, using ASAM [American Society of Addiction Medicine]). Mr. Disselkoen stated that assistance can be provided quickly and there is no cost to the provider. Mr. Disselkoen indicated the ASAM training is the current model. Ms. Berry stated CASAT has been providing live training to providers live via the Internet. In addition, CASAT is also providing training in provider offices as well; if a webinar or face-to-face training is not an option, CASAT can provide recorded training modules for providers. Mr. Disselkoen added that training provided is self-paced.

5. Review and discussion on proposed utilization management criteria:

Mr. Quint stated that the utilization criteria document had been sent to interested parties prior to the Board meeting, but there was no feedback. Mr. Quint stated this document was developed by Steve McLaughlin, Betsy Fedor, and others last year. This is an effort to determine parameters for treatment funding. SAPTA needs to determine what is being funded.

Ms. Fedor provided an explanation of the utilization management document, also known as the “treatment grid.” The document provides every level of care that is funded or not funded. The document includes a definition of care services and addresses utilization management of each service. Utilization management is synonymous with services that SAPTA might cover, the frequency of coverage, and other information pertinent to each service. In addition, the document includes women’s, co-occurring, and detoxification services. Ms. Fedor requested that attendees review the utilization management document and provide feedback to SAPTA.

Ms. Fedor and Mr. Burt will work together to arrange a Utilization Management Subcommittee. Ms. Fedor indicated that the document needs approval prior to the revised RFA process.

Ms. Fedor advised that the utilization management document includes the most recent ASAM verbiage and includes utilization management components. In addition, Ms. Fedor reminded attendees that the document includes services that SAPTA does not cover. The Utilization Management Subcommittee will ultimately discuss funding of services. Also, Ms. Fedor advised attendees to review the “Co-Occurring and Enhanced Endorsements” and the “Co-Occurring Capable or Co-Occurring Enhanced Provider Self-Assessment and Affirmation” documents. The documents pertain to adults and adolescents.

The Utilization Management Subcommittee was formed. The members of the Subcommittee are Mr. Burt, Ms. Fedor, Mr. Parenti, Ms. Robards, Mr. Disselkoen, Ms. Quilici, Ron Lawrence, Denise Everett, and Mr. Goodwin. Mr. Burt indicated the Subcommittee will have the opportunity to discuss services, frequency of services, and duration of services. Mr. Quint indicated that there is currently no standard and this is the opportunity to create one. Mr. Quint stated that Avatar, analysts, and policies and procedures will be the components of monitoring utilization.

6. Discussion with the Division of Public and Behavioral Health Administrator:

Mr. Burt stated that it is his intention to have either have Administrator Whitley or Deputy Administrator Mary Wherry attend the Advisory Board meetings in the future. Mr. Burt indicated he thought it was important for one or both to attend the meetings.

7. Improving Birth Outcomes Collaborative:

Mr. Burt deferred this item to a future meeting.

8. Update, discussion, and recommendations regarding the Nevada Peer Support Plan and Activities:

Ms. Berry stated there are two BDRs that have been submitted to the Legislature, training and certification of peers has been postponed until it is determined how the Legislature wants to handle the issue. One BDR requires that agencies be certified to then employ peers and one BDR requires that peers be certified.

Ms. Berry indicated that the training manual has been updated to include Medicaid requirements. Depending on the Legislature's actions, all peers will be consequently trained, which will allow them to apply for Medicaid dollars.

The question was posed as to whether peer staff should be trained now so they are in a position to become certified. Ms. Berry recommended that was a good course of action.

9. Discussion on upcoming Legislative Session:

Ms. Berry indicated there are approximately 505 BDRs currently. Eleven of those pertain to substance abuse and/or mental health. Ms. Berry stated that as soon as actual BDR verbiage is posted, she will begin to forward that information to the Advisory Board.

10. Review possible agenda items for next SAPTA Advisory Board Meeting:

Mr. Burt stated the next meeting will be January 21.

11. Presentation of the annual Synar Report:

Mr. Goodwin acknowledged that some attendees via phone could not view the presentation. Mr. Goodwin advised attendees he would email the presentation to anyone who requested it.

Mr. Goodwin explained the significance of the Synar Report. There are retailers who sell tobacco products. These retailers are prohibited from selling tobacco products to minors. SAPTA and the Office of the Attorney General collaborate to ensure enforcement of this prohibition. The Office of the Attorney General employs minors to enter establishments and attempt to purchase tobacco products. If a retailer refuses to sell tobacco products or if they request to see identification to verify the age of the customer, the retailer is deemed compliant with State law. Conversely, if a retailer sells tobacco products and does not request identification to verify the age of the customer, the retailer is issued a citation. Citations range from warnings to revocation of licenses to sell tobacco products. The Office of the Attorney General compiles information on these inspections and shares this information with SAPTA. SAPTA generates the Synar Report. This year, there were approximately 2,000 retail sites inspected. There were 61 citations and 61 fines issued to retailers. There were 101 non-monetary fines issued. There were no licenses revoked.

Of the block grant, 40% is dependent on the Synar Report. This affects Coalition budgets directly. The Synar Report is posted on SAPTA's website ([http://mh.nv.gov/Meetings/SAPTA\\_Program\\_Page/](http://mh.nv.gov/Meetings/SAPTA_Program_Page/)).

A question was posed regarding why substance abuse facilities have to be tobacco free. Ms. Fedor replied that it is federal law that mandates tobacco-free facilities.

Cheryl Bricker was pleased that minors are being hired by the Office of the Attorney General. Ms. Bricker asked if a law enforcement officer accompanies the minor during these investigations. Mr. Goodwin stated that a law enforcement officer and the minor drive to a location a block away from the establishment. The

minor goes into the establishment alone and reports to the law enforcement officer if they were or were not allowed to purchase tobacco products. Mr. Bricker asked if the report included data by county. Mr. Goodwin replied that the report includes data by State only.

12. Public comment:

None.

13. Adjournment:

Mr. Burt moved that the meeting be adjourned. The motion was seconded by Ms. Quilici at 11:19 a.m.